

X

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015342

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 14 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Excelsior SpringsLength of stay in 1b
Lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 107 W. SpringInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY
OR
TOWN PrathersvilleInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
3 mil. W. Ex. SpringsReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Harold Leonard Jones, Jr.4. DATE
OF DEATH Month Day Year
April 11, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-19-19639. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
2 210a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
None10b. KIND OF BUSINESS OR INDUSTRY
None11. BIRTHPLACE (City and state or country)
Excelsior Springs, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Harold L. Jones

13b. MOTHER'S MAIDEN NAME

Susan Clair

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Harold Jones, Rt. #1, Ex. Springs, Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

INTERVAL BETWEEN
ONSET AND DEATH
instantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Dehydration

sev. hrs.
36 hrs.

DUE TO (c) Pneumonitis, severe infection with high Temperature

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal,
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 10, 1963, to April 11, 1963 and last saw him at time of death
Death occurred at 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

M. D.

22b. ADDRESS

Excelsior Springs, Mo.

22c. DATE SIGNED

4/15/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4-13-63

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

23d. LOCATION (City, town, or county)

Excelsior Springs, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Prichard Funeral Home, Inc.

25. DATE RECD. BY LOCAL REG.

4-11-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

Excelsior Springs, Missouri (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 6001

2 6000

3

4 0

5 0

6

7 0

8 2

9 492X

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11

12 90-0

13 1-1

Burial Permit License # 11-63 C.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Indee Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.